

FLIGHT SERVICE REQUEST

NRLINST 3700.1

1. FROM: CODE				2. DATE	
3. TO: CODE 1410					
4. SUBJ: FLIGHT SERVICE REQUEST FOR _____ (Project Name)					
PROJECT INFORMATION					
5. SHORT TITLE					
6. PROJECT COORDINATOR (Please Print)			7. BRANCH HEAD (Please Print)		
8. PHONE NUMBER			9. PHONE NUMBER		
INSTALL/DEINSTALL INFORMATION					
10. DATE/PLACE INSTALL WILL COMMENCE			11. DATE/PLACE DEINSTALL WILL COMPLETE		
DESCRIPTION OF FLIGHT SERVICE					
12. AIRCRAFT BUNO	13. NO. OF FLIGHTS	14. DURATION OF FLIGHTS (Hrs)	15. FREQUENCY OF FLIGHTS	16. NO. OF PROJECT PERSONNEL	
17. OTHER TEST PLATFORMS					
18. DESCRIPTION OF PROJECT EQUIPMENT					
19. WILL AUXILIARY POWER BE NEEDED? <input type="checkbox"/> Yes, go to No. 20. <input type="checkbox"/> No, go to No. 21.			20. WHAT TYPE OF AUXILIARY POWER?		
21. DESCRIPTION OF FLIGHT (Include Project Limitation, Flight Profile, Detachment Site Info and Support/Coordination Requirements)					
22. OPAREA Desired/Who will schedule it?					